

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028098

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 97

FILED AUG 12 1963

1. PLACE OF DEATH

a. COUNTY Iron

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Ironton

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Mary's Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 1012 Allen Ave

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Verna Mae Callahan

4. DATE OF DEATH

Month

Day

Year

August 4, 1963

5. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH 2/12/1938

9. AGE (last birthday) 25

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Factory worker10b. KIND OF BUSINESS OR INDUSTRY
Factory11. BIRTHPLACE (City and state or country)
Reynolds Co. Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Delmar Parker

13b. MOTHER'S MAIDEN NAME

Edna Blake

14. NAME OF HUSBAND OR WIFE

Darrell Callahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

16. SOCIAL SECURITY NO. 56

17. INFORMANT

Address

Delmar Parker, Bunker, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last:

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY 8 Hour
a.m. p.m. 8-4-6320d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.) Highway 21

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9:30 to 9 a.m. and last saw her alive on 8-4-63

Death occurred at 9 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE 8/7/1963

23c. NAME OF CEMETERY OR CREMATORY
Greeley Cemetery23d. LOCATION (City, town, or county)
Greeley, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG. 8-6-63

26. REGISTRAR'S SIGNATURE

Spencer Funeral Home, Salem, Mo.

Mrs. Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0470

2 2339

3

4 1

5 3

6

7 0

8 2

9 X

10

11 047

12 1-0

13 1-0

AUG 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Stephen E. Robinson

Licensed Embalmer No. 5181

P. O. Address Salem Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.